|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |  | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | | |
| 様式第18号(第5条の10関係) | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | | |
|  | | | 高額障害児（通所・入所）給付費支給（不支給）決定通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 第 | | | | | | | | | | | | | | |  | | | 号 | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | 様 | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | 丸亀市福祉事務所長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 年 月 日に申請のありました高額障害児（通所・入所）給付費の支給について、下記のとおり決定しましたので通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給付決定  保護者氏名 | | | | |  | | | | | | | | | | | | | | | | | | 受給者  証番号 | | | | | | |  |  |  |  | |  |  |  | | |  | |  | | |  | |
| 給付決定に係る  児童氏名 | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 受付年月日 | | | | | 年 月 日 | | | | | | | | | | | | | | | 決定年月日 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
| 本人支払額 | | | | | 円 | | | | | | | | | | | | |  | | 申請に係る  サービス利用月 | | | | | | | | | | 年 月分 | | | | | | | | | | | | | | | | |
| 支　給 | | | | | □する　　□しない | | | | | | | | | | | | | | | 支給金額 | | | | | | | | | | 円 | | | | | | | | | | | | | | | |  |
| 不支給の理由 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 振込先 | | 金融機関 | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 口座種目 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | |  | |  | | |  |  | |  | | | | |  | | | |  | | |
| 口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ・不服申立て及び取消訴訟 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | この決定について不服があるときは、この通知書を受け取った日の翌日から起算して３か月以内に香川県知事に対し審査請求をすることができます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | また、処分の取消しの訴えは、前記の審査請求に対する裁決書を受け取った日の翌日から起算して６か月以内に丸亀市を被告として（訴訟において丸亀市を代表する者は丸亀市長となります。）、提起することができます。なお、処分の取消しの訴えは、前記の審査請求に対する裁決を経た後（次の（１）から（３）までのいずれかに該当するときを除く。）でなければ提起することができないこととされています。  （１）審査請求があった日から３か月を経過しても裁決がないとき。  （２）処分、処分の執行又は手続の続行により生ずる著しい損害を避けるため緊急の必要があるとき。  （３）その他裁決を経ないことにつき正当な理由があるとき。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 問い合わせ先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 丸亀市 　　　　部 　　課 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 住所 | | 香川県丸亀市大手町二丁目４番21号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | 電話 | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |